



Department of Economic Development – Division of Workforce Development

Workforce Investment Act

Discrimination Complaint Log – Local Level

Agency: _____

Quarterly Report

LWIA Region: _____

Program Year: _____

EO Officer/Representative: _____

☐ July-Sept - 1st Qtr.

☐ Oct-Dec - 2nd Qtr.

☐ Jan-Mar - 3rd Qtr.

☐ Apr-June - 4th Qtr.

Complaint File #	Date Complaint Received	Name & Address of Complainant & Status	DOL- Funded Program (Y or N)	Grounds (Bases) of Complaint	Description/Issue/Date of Complaint	ADR (Y or N)	Final Disposition Date & Results

Report Submitted By: _____

Date Submitted: _____



Department of Economic Development – Division of Workforce Development
Workforce Investment Act
Discrimination Complaint Log – State Level

Yearly Report

For the Period of July 1, 20__ through June 30, 20__

Program Year: _____

Complaint File #	Date Complaint Received	Name & Address of Complainant & Status	Name & Address of Respondent & Status	Grounds (Basis) of Complaint	Description/Issue/Date of Complaint	ADR (Y or N)	Final Disposition Date & Results

Report Submitted By: _____

Date Submitted: _____